

DSS Number:
DSS Name:

DSS-167
Rev. (7/87)

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES

CONSENT TO VOLUNTARY COMMITMENT

(Child's Name and Address)

The undersigned parents or guardian of the child as shown above request the Cabinet for Families and Children to accept said child for voluntary commitment and consent to the commitment for the following reason(s):

The undersigned agrees to pay the Cabinet for Families and Children for the care and treatment of the child \$ _____ per month.

Parent or Guardian

Parent or Guardian

ACCEPTANCE

It appearing that the subject child can benefit by voluntary commitment to the Cabinet for Families and Children and facilities being available for the care and treatment; the subject child is hereby accepted for voluntary commitment to the Cabinet for Families and Children on _____ and shall expire on _____

Authorized Representative of the Secretary
of the Cabinet for Families and Children

Subscribed and sworn to before me by _____ this _____ of _____, _____

My Commission expires _____
Date

Notary Public

AOC-DNA-1
Rev. 9-02 05/19/2003 11:14 am
Page 1 of 2 Ver. 1.01
Commonwealth of Kentucky
Court of Justice www.kycourts.net
KRS 610.010, .050
620.023, .027, .050, .060, .080, .220



**JUVENILE
DEPENDENCY, NEGLECT AND ABUSE
PETITION**

Case No. _____
Court ☐ District ☐ Family
County _____
Division _____

CLERK'S USE ONLY

Hearing Date _____, 2____ Hearing Time _____ [] a.m. [] p.m.
Hearing Location _____

IN THE INTEREST OF: _____, A CHILD

Birthdate	Sex	Race	SSN
_____	_____	_____	_____

Affiant, _____,

says that on _____, 2____, in _____ County, Kentucky, the above-named juvenile was/is ☐ **dependent** (UOR Code - 002813) ☐ **neglected** (UOR Code - 002814) ☐ **abused** (UOR Code - 002815) pursuant to KRS Chapter 620 et seq and within the scope of KRS 610.010(1)(e); Affiant's grounds of belief are:

Name of person believed responsible for neglect and/or abuse _____

Juvenile's Address:

Telephone No. _____

Juvenile attends school at _____

Affiant's Name (print) _____

Affiant's Address _____

Telephone No. _____

Distribution: Court File Parent or other person exercising custodial control or supervision (sheriff to serve)
Local DCBS Local CASA Project Director upon Court referral

Case No. _____

Juvenile's Legal Mother: _____	
Address: _____	

Phone No. _____	SSN _____ Legal Custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Other(s) Living in Mother's Home and relationship to Child:	
<input type="checkbox"/> Stepfather _____	
<input type="checkbox"/> Sibling(s) _____	

<input type="checkbox"/> Other _____	

Juvenile's Legal Father: _____	
Address: _____	

Phone No. _____	SSN _____ Legal Custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Other(s) Living in Father's Home and relationship to Child:	
<input type="checkbox"/> Stepmother _____	
<input type="checkbox"/> Sibling(s) _____	

<input type="checkbox"/> Other _____	

☐ Name and relation of other person exercising custody or control of child _____

☐ Name and address of nearest known adult relative if no parent or person exercising custodial control or supervision (PECC) is located:

Affiant states the foregoing allegations are true based upon information and belief.

Affiant's Signature _____

Sworn to before me on _____, 2____. My Commission expires: _____, 2____.	
_____	Name
_____	Title